

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

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Request for Proposal – 2019-2020

Good Health and Wellness in Indian Country Competitive Subcontract Proposal

Implementation of effective and culturally adapted policies, systems, and environmental changes and clinical-community linkage strategies to reduce rates of death and disability from commercial tobacco use, diabetes, heart disease and stroke, and reduce the prevalence of obesity and other chronic disease risk factors in California Tribal communities.

Important Dates

Project Period: January 6, 2020 – September 14, 2020

Funding Announcement Release: November 4, 2019

Application Deadline: December 6, 2019

Notification of Funding: January 6, 2020

Final Report Due: September 14, 2020

Funded by the Centers for Disease Control and Prevention Grant #1 NU58DP006728



I. Background

American Indians and Alaska Natives (AIAN) have higher rates of disease, injury, and premature death than other racial and ethnic groups^{1,2}. AIAN adults have a higher prevalence of obesity and commercial tobacco use, and double the prevalence of diagnosed diabetes³. Deaths from stroke and heart disease are also higher⁴.

The Centers for Disease Control and Prevention (CDC) has provided funding to address these needs through their [Good Health and Wellness in Indian Country \(GHWIC\) grant](#). Through this grant, the California Rural Indian Health Board, Inc. (CRIHB) was awarded funding to provide subcontracts for the Advancing California Opportunities to Renew Native health Systems (ACORNS) program. The long-term goals of the ACORNS program are to **reduce rates of death and disability** from commercial tobacco use, diabetes, heart disease and stroke, and **reduce the prevalence** of obesity and other chronic disease risk factors in California Tribal communities.

CRIHB will support California Tribal communities in accomplishing these goals by providing funding, support, leadership, training, and technical assistance. ACORNS funding will be awarded to eligible applicants to implement and evaluate projects that propose a combination of evidence-based, effective, and culturally adapted policies, systems, and environmental changes (PSE) and clinical-community linkage (CCL) strategies which help achieve the ACORNS program goals.

Subcontracts from ACORNS are intended to:

- Implement a policy change, including the passing of laws, ordinances, resolutions, mandates, regulations, and/or rules to encourage or discourage a certain behavior. Examples include: implementing new diabetes screening procedures that ensure all patients with diabetes are up to date on screening, passing and enforcing a commercial-tobacco free policy for all Tribal housing.
- Create a system change to the infrastructure, rules or systems within an organization. Systems change and policy change often work hand-in-hand. Examples include: establishing a referral system for medical staff to refer patients to evidence-based prevention and education services, and requiring all clinic staff to be trained in providing culturally competent care and culturally adapted health education materials.
- Implement an environmental change to physical, social, or economic factors designed to influence people's practices and behaviors. Examples include: incorporating breastfeeding spaces and services into existing community support services (e.g., early care and education centers, and health centers), and improving land-use and access to nutritious food by creating a community garden in a vacant lot.
- Implement clinical-community linkages that promote collaboration, capacity-building, and communication between community and clinical sectors to improve patient health outcomes. Examples include: building capacity of Community Health Representatives (CHRs) in chronic disease prevention and management skills, referring patients to health

prevention and education classes within the community and tracking their participation, and increasing access to health education by holding classes in the community.

- Implement a team-based care approach that promotes patient-centered care through collaboration between health providers, patients, and their care givers. Examples include: health providers meeting or sharing information on high-risk patients in order to improve health outcomes, developing strategies to inform and include patients and their care-givers in health decisions, and improving the quality of CHR home visits, including how visit outcomes are reported and communicated to other health providers.

All applicants *must* propose projects that utilize strategies, activities, and outcomes outlined in the [ACORNS Strategies, Activities, and Outcomes](#).

II. Project Description

Approach

ACORNS is a 5-year project in which CRIHB will provide funding annually, subject to available funds, to eligible applicants as they implement and evaluate approved project strategies and approaches outlined in [Table 1](#) and [ACORNS Strategies, Activities, and Outcomes](#) that support the ACORNS project outcomes.

Year 1 Focus: Assessing needs and assets, building staff and organizational capacity, engaging stakeholders (e.g., staff, community, and leadership), developing partnerships, and planning for strategy implementation.

- All applicants must propose to complete all activities outlined in the [Project Requirements](#) for the Tier they are applying for.
- All funded applicants will complete a Tribal Readiness Assessment and administer Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Tool in order to identify patient and organizational needs.

Years 2-5 Focus: Implementing and evaluating strategies which address needs identified in Year 1, building staff and organizational capacity, developing partnerships, and creating culturally-adapted health messages and communication strategies.

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1. Arias, E., J. Xu, and M.A. Jim, *Period life tables for the non-Hispanic American Indian and Alaska Native population, 2007-2009*. Am J Public Health, 2014. **104 Suppl 3**: p. S312-9.
 2. Espey, D.K., et al., *Leading Causes of Death and All-Cause Mortality in American Indians and Alaska Natives*. Am J Public Health, 2014.
 3. Cobb, N., D. Espey, and J. King, *Health Behaviors and Risk Factors Among American Indians and Alaska Natives, 2000-2010*. Am J Public Health, 2014.
 4. Veazie, M., et al., *Trends and disparities in heart disease mortality among American Indians/Alaska Natives, 1990-2009*. Am J Public Health, 2014. **104 Suppl 3**: p. S359-67.

Table 1: ACORNS Project Strategies and Outcomes

Project Strategies	Intermediate Project Outcomes (3-5 years)
Implement evidenced-informed and culturally-adapted PSE changes to prevent obesity.	<ul style="list-style-type: none">• Increased number of places offering healthy foods (e.g., fresh produce, and low sodium options) and beverages.• Increased percent improvement in number of places offering healthy foods (e.g., fresh produce, and low sodium options) and beverages.• Increased number of people using safe and accessible places for physical activity.• Increased percent improvement in number of people using safe and accessible places for physical activity.• Increased number of breastfeeding mothers who use community services that support breastfeeding.• Increased percent improvement in number of breastfeeding mothers who use community services that support breastfeeding.
Implement evidenced-informed and culturally-adapted PSE changes to prevent and control commercial tobacco use.	<ul style="list-style-type: none">• Increased number of workplaces, restaurants, bars, casinos, schools, multi-unit housing, indoor and outdoor events, celebrations, and gatherings that implement commercial tobacco-free policies.• Increased percent improvement in number of workplaces, restaurants, bars, casinos, schools, multi-unit housing, indoor and outdoor events, celebrations, and gatherings that implement commercial tobacco-free policies.• Increased number of commercial tobacco-using patients, who receive commercial tobacco cessation interventions.• Increased percent improvement in number of commercial tobacco-using patients, who receive commercial tobacco cessation interventions.
Implement evidence-informed and culturally-adapted CCL to support type 2 diabetes prevention.	<ul style="list-style-type: none">• Increased number of community members, at high risk for diabetes, enrolled in CDC-recognized type 2 diabetes prevention programs offered in AIAN communities.
Implement evidence-informed and culturally-adapted CCL to support heart disease and stroke prevention.	<ul style="list-style-type: none">• Increased percentage of patients, 18-85 years of age, with diagnosed hypertension who have a blood pressure less than 140/90.• Increased percentage of patients with total cholesterol at goal (low-density lipoprotein (LDL) and high-density lipoproteins (HDL)).• Increased number of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.• Increased percent improvement in number of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.

III. Eligibility

This Request for Application has three (3) separate and competitive tiers with eligibility and scope of work requirements for each. Applicants may only apply for one (1) tier and must reapply annually for continued funding.

All applicants must have sufficient capacity and resources to complete the planned project activities within the project timeframe.

Additionally, applicants must meet the following requirements for the chosen tier.

Tier 1:

- Be a CRIHB member Tribal Health Program that represents two (2) or more federally recognized Tribes;

Tier 2:

- Be a CRIHB member Tribal Health Program that represents at least one (1) federally recognized Tribe;

Tier 3:

- Be a CRIHB member Tribe.

IV. Project Period

Applications are due on or before December 6, 2019. The project period to complete activities is January 6, 2020 – September 14, 2020. Funded activities must be completed by September 14, 2020.

V. Available Funding

Number of awards:

- Tier 1: Approximately 5 awards (range \$100,000 - \$150,000)
- Tiers 2 and 3: Approximately 10 awards (range \$25,000 - \$30,000)

This is a competitive funding opportunity; programs will be awarded based on the application review. After a program is officially notified of funding, half of the award will be given upfront and the remaining award will be reimbursed upon completion of project deliverables.

VI. Application Guidelines

A completed application includes:

- [Application](#);
- [Work Plan](#); and
- [Evaluation Form](#)

Applicants will be notified if additional documentation is required. All application documents must be submitted in a typewritten format and submitted by 11:59 pm (PST), December 6, 2019.

VII. Project Requirements

Each applicant must propose to complete the following activities*:

Table 2: Required Tier Activities

Tier 1	Tier 2	Tier 3
Identify and regularly engage a project team		
Participate in required program meetings (semi-annual calls, a site visit, ACORNS Introduction Webinar - 1/16/20, and ACORNS Kick-off Training – 2/5&6/20)		
Complete Training Needs Survey and Health Communication Strategy Capacity Assessment		
Conduct Tribal Readiness Assessment (TRA) and submit results		
Select and submit strategies and outcomes for years 2-5 based on TRA results		
Project staff to complete 10 staff capacity trainings**	Project staff to complete 8 staff capacity trainings**	Project staff to complete 6 staff capacity trainings**
<i>All trainings will be offered at the ACORNS Kick-off Training and/or Online</i>		
Administer Tribal PRAPARE Tool to at least 10% of patient population who have 2 or more chronic conditions and submit results		Select and implement at least one approved activity*
Create and submit Community Resource Guide based on Tribal PRAPARE tool results		
Submit an internal work plan		
Conduct 2 health education/outreach events		
Submit Electronic Health Record (EHR) baseline and final screening data		

*Applicants from any Tier are allowed and encouraged to propose additional project activities. [ACORNS Strategies, Activities, and Outcomes](#) is included as an attachment. All activities proposed must demonstrate a clear connection to meeting project outcomes.

**[ACORNS 2019 – 2020 Required Trainings](#) attachment is included.

VIII. Deliverables and Payments

Table 3: Tier Deliverables and Payments

Payments	Deliverables		
	Tier 1	Tier 2	Tier 3
Payment #1 (50%)	<ul style="list-style-type: none"> Signed subcontract agreement Project Staff identified Attendance on ACORNS Introduction Webinar Submit Training Needs Survey Submit internal work plan (<i>Tier 1 only</i>) Submit baseline Project Strategy Indicators in the Evaluation Form (<i>Tier 1 only</i>) 		
Payment #2 (25%)	<ul style="list-style-type: none"> Complete one (1) check-in call Submit PRAPARE Tool data Submit Tribal Readiness Assessment data Submit Semi-Annual Report Submit baseline screening data for diabetes and hypertension Submit updated Project Strategy Indicators 	<ul style="list-style-type: none"> Complete one (1) check-in call Submit PRAPARE Tool data Submit Tribal Readiness Assessment data Submit Semi-Annual Report 	<ul style="list-style-type: none"> Complete one (1) check-in call Submit Tribal Readiness Assessment data Submit Semi-Annual Report
Payment #3 (25%)	<ul style="list-style-type: none"> Complete one (1) check-in call Submit Final Report Submit Community Resource Guide Submit priority strategies and outcomes for 2-5 years Submit documentation of completed trainings Completed Health Communication Strategy Capacity Assessment Documentation of two (2) health education/screening events Submit updated Project Strategy Indicators 	<ul style="list-style-type: none"> Complete one (1) check-in call Submit Final Report Submit Community Resource Guide Submit priority strategies and outcomes for 2-5 years Submit documentation of completed trainings Completed Health Communication Strategy Capacity Assessment 	<ul style="list-style-type: none"> Complete one (1) check-in call Submit Final Report Submit priority strategies and outcomes for 2-5 years Submit documentation of completed trainings Completed Health Communication Strategy Capacity Assessment Documentation of implemented strategies

IX. Review Criteria

All proposals will be reviewed by a selection committee comprised of staff from a variety of CRIHB departments. Individual comments on final applications will not be provided. Proposals will be rated based on the following criteria:

- The degree to which the proposal meets all RFP requirements;
- The degree to which the proposal demonstrates a clear need for the project;
- The demonstration of staff and leadership support to meet project requirements; and
- The feasibility of achieving project objectives within the estimated schedule and budget.

X. Contact Information

CRIHB is the lead agency for this project. The Department of Research and Public Health will administer and manage this project.

Responsible staff at CRIHB:

Janeva Sorenson, Project Coordinator

jsorenson@crihb.org or call (916) 929-9761 x1511

XI. How to Apply

The completed application must be emailed to CRIHB at jsorenson@crihb.org by 11:59 pm (PST) on December 6, 2019.

Please indicate in the subject line of your email:

Proposal for ACORNS 2019-2020 Subcontract from (name of Tribe or Tribal Health Program)

The proposal narrative must be responsive to this RFP. The Cover Page and Project Narrative must be a combined maximum of 11 single spaced pages using 1 inch margins and 12pt Times New Roman font.

Application Sections:

Cover Page (1 page)

On the provided cover page please indicate:

- Tribe or Tribal Health Program;
- Tribe(s) represented;
- Street address, city, state, zip code;
- Official project contact – name, title, email address, and telephone number;
- Project lead (if different from project contact) – name, title, email address, and telephone number; and
- Funding Tier and amount of requested funding.

Project Narrative (maximum 10 pages)

Provide responses to the following questions in the provided application:

A. Problem Statement (8 points):

- Using data, describe the need for funding to address chronic diseases in your community. Identify your project focus area (heart disease/stroke, obesity, commercial tobacco use, and diabetes). Provide a rationale for that selection.
- Describe how you will address this focus area through policy, systems, environmental, and/or clinical-community linkage strategies. Please include how you will complete the Project Requirements outlined in the RFP for the Tier you are applying for.

B. Work Plan Template, *attachment provided* (16 points):

- **Project Strategy:** Select the Project Strategy you will utilize for this project.
- **Project Activity:** State the Project Activity associated with the Project Strategy you selected that you will utilize for this project.
- **Short-term Outcome:** Select the Short-term Outcome you will measure associated with your selected Project Strategy.
- **Intermediate Outcome:** Select the Intermediate Outcome you will measure associated with your selected Short-term Outcome.
- **Objective:** State the objectives intended to attain or accomplish your project strategy and outcomes.
- **Activities:** Include activities to be completed in order to accomplish proposed project objectives.
- **Timeline:** Provide a detailed timeline of activities to meet the goals of the project.
- **Staff:** List the names of key staff involved for the activity.

C. Organizational Capacity (16 Points)

- Outline who will have day-to-day responsibility for key tasks such as: leadership of the project, monitoring of the project's on-going progress, preparation of reports, program evaluation, financial tracking and management, etc.
- Effective PSE or CCL strategies require a team approach and support from organizational leadership. Describe any additional staff, including leadership, who will be supporting this project. Describe their roles, level of involvement, and how they will be engaged throughout the project.
- Describe your organization's experience in grants management and implementing PSE and CCL strategies to prevent and manage chronic diseases. What challenges or barriers do you anticipate in implementing this project? How will you overcome the anticipated challenges of your proposed project?
- Describe how your organization will incorporate culturally-adapted approaches and values to most effectively meet the outcomes of this project?

D. Evaluation Methods, *attachment provided* (16 Points)

- **Short-term Outcome:** Select the Short-term Outcome you will measure associated with your selected Project Strategy.
- **Develop Short-Term Outcomes Evaluation:** Based on your selected Short-Term Outcomes, describe how you will be evaluating all selected outcomes. Include data sources/data collection methods and future steps of analysis.

- **Develop an Evaluation Plan:** Utilizing your work plan, develop an evaluation plan containing the following components:
 - **Objective(s):** List the project objectives outlined in the workplan.
 - **Evaluation Question(s):** Enter a single question or a series of questions your organization plans to answer corresponding to your project objective. Questions may address *impact* and *process*.
 - **Indicator(s):** Indicators are tools used to measure information/data that will answer your evaluation question(s).
 - **Data Source(s)/Tool(s):** Provide data source(s) or collection tool(s) that will be used to collect each indicator. Examples include tracking logs, surveys, interviews, focus groups, observational notes, and pictures.
- **Tier 1 Only:**
 - **Project Strategy Indicators (PSIs):** Provide the number of active AIAN patients your Tribal Health Program serves and answer “Yes” or “No” for all the PSIs that you are or are not able to report on.

For more information on how to apply, join the *ACORNS Application Information Webinar* on Wednesday, November 19, 2019 from 11:00 am – 12:30 pm at <https://echo.zoom.us/j/273054826>.

XII. Budget Guidelines(10 points)

The purpose of the budget narrative is to present and justify all expenses required to achieve project aims and objectives. In general, the budget narrative should provide as much detail and justification as necessary and explain why each of the items in the budget is needed to accomplish the proposed project. All costs listed in the budget must be clearly linked to activities listed in the work plan.

Salaries and Wages: Include information for each requested position, providing:

1. Name of staff member occupying the position, if available;
2. Annual salary;
3. Percentage of time budgeted for this program; and
4. Total salary requested.

Fringe Benefits: Usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation.

Supplies: General office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives. No single item purchase of \$5,000 or more and no aggregate total of \$5,000 to one single vendor.

Travel: Whenever possible, list “who, what, where, when, and why.” Use federal lodging, mileage, and per diem rates.

Consultant Services: Please indicate the services of non-employees.

Other Direct Costs: This line item may include phone lines, postage, printing, etc.

XIII. Funding Limitations

Subcontract funds may **not** be used to substitute for or replace funds already allocated or spent for the same activity. These funds may **not** be used for clinical services, the purchase of furniture or equipment (i.e. tangible, non-expendable personal property charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit), facility construction or renovation, lobbying, or travel unrelated to the project. Subcontract funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses related to the project plan.

XIV. Application Attachments

- a. [ACORNS 2019-2020 Work plan Template](#)
 - i. [ACORNS Tier 1 2019 - 2020 SAMPLE Work Plan](#)
 - ii. [ACORNS Tier 2 2019 - 2020 SAMPLE Work Plan](#)
 - iii. [ACORNS Tier 3 2019 - 2020 SAMPLE Work Plan](#)
- b. [ACORNS 2019-2020 Evaluation Form](#)
- c. [ACORNS Strategies, Activities, and Outcomes](#)
- d. [ACORNS 2019-2020 Required Trainings](#)
- e. [ACORNS 2019-2020 Allowable Costs](#)



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CONTACT INFORMATION

Tribe or Tribal Health Program	
Tribe(s) Represented	
Street Address	
City, State, Zip Code	
Phone	

OFFICIAL CONTACT (CEO, Chairperson, Tribal Administrator)

Name and Title	
Work Phone	
E-Mail Address	

PROJECT LEAD (Responsible for carrying out project activities)

Name and Title	
Work Phone	
E-Mail Address	

FUNDING TIER AND AMOUNT OF REQUESTED FUNDING

Please select the funding Tier you are applying for (select one only) and the amount requesting:

☐ Tier 1

☐ Tier 2

☐ Tier 3

Amount Requesting	\$
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A. PROBLEM STATEMENT

- Using data, describe the need for funding to address chronic diseases in your community. Identify your project focus area (heart disease/stroke, obesity, commercial tobacco use, and diabetes). Provide a rationale for that selection.



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- Describe how you will address this focus area through policy, systems, environmental, or clinical-community linkage strategies. Please include how you will complete the Project Requirements outlined on page 6 of RFP for the Tier you are applying for.

B. WORK PLAN TEMPLATE

- Complete and submit a project work plan.
- Applicants may:
 - Complete *ACORNS 2019 - 2020 Work Plan Template* to include Project Requirements listed in Table 2 of the RFP and any other proposed project activities OR;
 - Utilize the *ACORNS 2019 - 2020 SAMPLE Work Plan* for their Tier and modify it as needed to match their project proposal.

C. ORGANIZATIONAL CAPACITY

- Outline who will have day-to-day responsibility for key tasks such as: leadership of the project, monitoring of the project's on-going progress, preparation of reports, program evaluation, financial tracking, and management, etc.



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- Effective PSE or CCL strategies require a team approach and support from organizational leadership. Describe any additional staff, including leadership, who will be supporting this project. Describe their roles, level of involvement, and how they will be engaged throughout the project.

- Describe your organization's experience in grants management and implementing PSE and CCL strategies to prevent and manage chronic diseases. What challenges or barriers do you anticipate in implementing this project? How will you overcome the anticipated challenges of your proposed project?

- Describe how your organization will incorporate culturally-adapted approaches and values to most effectively meet the outcomes of this project?



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D. EVALUATION METHODS

- Complete “ACORNS 2019 - 2020 Evaluation Form”

BUDGET

- Applicant may use their own budget template. Submitted budgets must include a detailed narrative and all requested program costs.

CATEGORY	NARRATIVE	AMOUNT REQUESTED
Salary		\$
Fringe		\$
Supplies		\$
Travel		\$
Consultant/Contractual		\$
Other		\$
	TOTAL	\$

AUTHORIZED SIGNATURE (CEO, Chairperson, Tribal Administrator)

Name (printed)	
Signature	
Title	
Date	

Tier ____ 2019 – 2020 Work Plan

Tribe/Tribal Health Program: _____



Glossary of Terms in the Work Plan Template:

Project Strategy: Strategy selected to meet the ACORNS project goal. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Project Activity: Activity that falls under selected Project Strategy and is used to meet ACORNS project outcomes. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Short-term Outcome: The intended change to see within 1-3 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Intermediate Outcome: The intended change to see within 3-5 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Objective: Specific statements describing the results to be achieved and the manner in which they will be achieved. You usually need multiple objectives to address a single project goal. Objectives align with selected project strategies and completed by the end of the project year.

Activities: Actual events or step-by-step actions that take place as part of the project in order to meet project objectives.

Timeline: The time period (month/year or project quarter) for which an activity will be completed.

Staff: The person(s) who will be in charge of leading and completing that activity.

Tier ____ 2019 – 2020 Work Plan

Tribe/Tribal Health Program: _____



Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	<i>(Select Project Activity associated with selected Project Strategy)</i>		
Short-term Outcome	<i>(Select Short-term Outcome associated with selected Project Activity)</i>		
Intermediate Outcome	<i>(Select Intermediate Outcome associated with selected Project Activity)</i>		
Objective	Activities	Timeline	Staff
1.	1.		
	2.		
	3.		
	4.		
	5.		

Project Period: December 16, 2019 – September 14, 2020

Tier ____ 2019 – 2020 Work Plan

Tribe/Tribal Health Program: _____



Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	<i>(Select Project Activity associated with selected Project Strategy)</i>		
Short-term Outcome	<i>(Select Short-term Outcome associated with selected Project Activity)</i>		
Intermediate Outcome	<i>(Select Intermediate Outcome associated with selected Project Activity)</i>		
Objective	Activities	Timeline	Staff
2.	1.		
	2.		
	3.		
	4.		
	5.		

Project Period: December 16, 2019 – September 14, 2020

Tier ____ 2019 – 2020 Work Plan

Tribe/Tribal Health Program: _____



Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	<i>(Select Project Activity associated with selected Project Strategy)</i>		
Short-term Outcome	<i>(Select Short-term Outcome associated with selected Project Activity)</i>		
Intermediate Outcome	<i>(Select Intermediate Outcome associated with selected Project Activity)</i>		
Objective	Activities	Timeline	Staff
3.	1.		
	2.		
	3.		
	4.		
	5.		

Project Period: December 16, 2019 – September 14, 2020

ACORNS 2019-2020 Evaluation Form



Instructions:

- Please read through and complete this form in its entirety.
- There are three sections within ACORNS 2019-2020 Evaluation Form. Please complete the required sections relating to the corresponding Tier level(s). Tier 1 is required to complete all three sections and Tiers 2 and 3 are required to complete only sections I and II.

Please enter the following information:

Tribe/Tribal Health Program:

Click or tap here to enter text.

Tier Selection:

Tier 1 ☐ Tier 2 ☐ Tier 3 ☐

What Project Strategy Area(s) will you be focusing on?

Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE):

☐ **Project Strategy 1:** To prevent obesity

☐ **Project Strategy 2:** To prevent and control commercial tobacco use

☐ **Project Strategy 3:** To support type 2 diabetes prevention

☐ **Project Strategy 4:** To support heart disease and stroke prevention

Implement evidence-informed and culturally-adapted community-clinical linkages (CCL):

Please complete ALL Required section(s):

Section I: Short-Term Outcomes
ALL TIERS

- Short-Term Outcome selection
- Evaluation expertise
- Proposal on program evaluation of Short-term Outcome(s)

Section II: Evaluation Plan
ALL TIERS

- Development of objectives, indicators, data collection tools/methods, and questions

Section III: Program Strategy Indicators (PSIs)
(TIER 1 ONLY)

- Active AIAN patient population
- Ability to gather/report on data linked to PSI 1-4 indicators

ACORNS 2019-2020 Evaluation Form



***** Section I: Short-Term Outcomes (ALL TIERS) *****

Instructions: Using your work plan, select which Short-Term Outcomes you will be completing this project year. Please denote an “X” in the pink boxes.

Strategy 1: Implement evidence-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity.	
<input type="checkbox"/>	S1.1 Increased number of places offering healthy foods (e.g., fresh produce and low sodium options) and beverages as a result improvement of the food system.
<input type="checkbox"/>	S1.2 Increased number of places where community design has been improved to connect places for physical activity in a safe and accessible manner.
<input type="checkbox"/>	S1.3 Increased number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding.
Strategy 2: Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use.	
<input type="checkbox"/>	S2.1 Increased number of practices and policies that address protection from secondhand commercial tobacco smoke.
<input type="checkbox"/>	S2.2 Increased number of referrals to evidence-based commercial tobacco cessation activities.
Strategy 3: Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention.	
<input type="checkbox"/>	S3.1 Increased number of community members/health professionals educated about prediabetes and associated risks for type 2 diabetes, heart attack, and stroke.
<input type="checkbox"/>	S3.2 Increased number of adult community members screened and tested for prediabetes and referred to a CDC-recognized type 2 diabetes prevention program if applicable.
<input type="checkbox"/>	S3.3 Increased number of CDC-recognized type 2 diabetes prevention programs/classes offered in AIAN communities to prevent or delay onset of type 2 diabetes.
<input type="checkbox"/>	S3.4 Increased number of CDC-recognized diabetes prevention programs/classes offering culturally-relevant materials and approaches to increase program participation and retention.
Strategy 4: Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.	
<input type="checkbox"/>	S4.1 Increased number of trained community health representatives who are equipped to deliver evidence-informed, locally available community health programs to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.
<input type="checkbox"/>	S4.2 Increased number of patients with or at risk for high blood pressure and/or high blood cholesterol receiving team-based care.
<input type="checkbox"/>	S4.3 Increased number of culturally-relevant materials and approaches to link Tribal resources and clinical services to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.

ACORNS 2019-2020 Evaluation Form



***** Section I: Short-Term Outcomes (cont'd) *****

Instructions: Using the “Section 1: Short-Term Outcomes” chart on page 2 as reference, please describe how your project will be evaluating the specific Short-Term Outcomes you have selected. This may include what data sources/data collection methods you will be utilizing, how you plan on analyzing this data, and how you will utilize these findings to enhance your project.

How would you rate your evaluation expertise?
(Please denote with an “X” in pink column)

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Need Assistance

ACORNS 2019-2020 Evaluation Form



Section II: Evaluation Plan (ALL TIERS)

Instructions:

As part of your ongoing evaluation throughout the year, the ACORNS team will require each subcontractor to complete a Semi-Annual and Final Report. Please complete the chart below with the following listed components. If you are unsure what a specific component is, please refer to the component explanations below and the example provided on the following page. The responses provided on this form will be used in future reporting documents. Please make sure to carefully consider how these questions will be answered and what data source(s)/tool(s) will be provided.

Components:

- **Objective(s):** List the project objectives outlined in the work plan.
- **Evaluation Question(s):** Enter a single question or a series of questions your organization plans to answer corresponding to your project objective. Questions may address *impact* and *process*.
- **Indicator(s):** Indicators are tools used to measure information/data that will answer your evaluation question(s).
- **Data Source(s)/Tool(s):** Provide data source(s) or collection tool(s) that will be used to collect each indicator. Examples include tracking logs, surveys, interviews, focus groups, observational notes, and pictures.

ACORNS 2019-2020 Evaluation Form



Section II: Evaluation Plan

Below is an Evaluation Plan Example.

Objective(s)	Evaluation Question(s)	Indicator(s)	Data Source(s)/Tool(s)
<i>Example</i>			
<i>1. By September 2020, build staff and organizational capacity to implement selected project strategy</i>	<i>Impact: Did staff and organizational capacity increase upon implementing selected program strategy?</i>	<i># of staff included in training</i>	<i>Tracking logs</i>
		<i>Staff knowledge assessment</i>	<i>Pre/post survey</i>
		<i>Organizational capacity</i>	<i>Group meeting with written notes</i>
	<i>Process: How well was this strategy implemented and received?</i>	<i>Staff assessment on implementation process</i>	<i>Group meeting with written notes</i>
		<i>Adherence to objective timeline on work plan</i>	<i>Comparison to work plan</i>
		<i>Organizational feedback upon the implementation process</i>	<i>Electronic survey distributed through online link</i>

ACORNS 2019-2020 Evaluation Form



***** Section II: Evaluation Plan *****

Objective(s)	Evaluation Question(s)	Indicator(s)	Data Source(s)/Tool(s)
1.			
2.			
3.			
4.			

ACORNS 2019-2020 Evaluation Form

***** Section III: Project Strategy Indicators (PSIs) *****

***** TIER 1 ONLY *****

Instructions:

Tier 1 grantees are required to provide long-term outcome data regarding project strategy indicator(s). This process will specifically include collecting Electronic Health Record (EHR) data on active AIAN patients (patients seen within the past two years) on obesity, commercial tobacco usage, type 2 diabetes, heart disease, and stroke.

How many active AIAN patients does your Tribal Health Program serve?

[Click or tap here to enter text.](#)

*Please answer **Yes** or **No** if you are currently able to produce these required indicators in the pink column.*

Yes/ No?	Project Strategy Indicators (PSIs)	
	# of AIAN patients who are considered “Overweight” BMI >25.0	PSI #1
	# of AIAN patients who are considered “Obese” BMI >30.0	
	# of AIAN commercial tobacco users (including all tobacco products)	PS #2
	# of commercial tobacco user AIAN patients referred to cessation resources	
	# of AIAN patients with Type 2 diabetes	PS #3
	Average A1C Levels of AIAN patients	
	# of AIAN patients screened/tested for prediabetes (A1C between 5.7 – 6.4%)	
	# of AIAN patients with high blood pressure (BP >130/80)	PS #4
	# of AIAN patients with elevated cholesterol (Total Cholesterol >200)	



STRATEGIES, ACTIVITIES, AND OUTCOMES

2019-2024

Strategy 1:

Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity.

Activities	Short Term Outcomes (1-3 years)	Intermediate Outcomes (3-5 years)
A1.1 Improve Tribal food and beverage programs/systems (e.g. community gardens, farmers markets, public transportation routes to food stores, access to healthy foods at community venues or schools, using food service guidelines and nutrition standards).	S1.1 Increased number of places offering healthy foods (e.g. fresh produce, low sodium options) and beverages, as a result of improvements to the food system.	I1.1 Increased number of places offering healthy foods (e.g. fresh produce, low sodium options) and beverages. I1.2 Increased percent improvement in number of places offering healthy foods (e.g. fresh produce, low sodium options) and beverages.
A1.2 Collaborate with partners to improve land use design to connect activity-friendly routes (e.g. sidewalks, bicycle routes, public transit) with everyday destinations (e.g. homes, schools, work sites, parks).	S1.2 Increased number of places where community design has been improved to connect places for physical activity in a safe and accessible manner.	I1.3 Increased number of people using safe and accessible places for physical activity. I1.4 Increased percent improvement in number of people using safe and accessible places for physical activity.
A1.3 Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (e.g. early care and education centers, community health centers, home visiting programs)	S1.3 Increased number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding.	I1.5 Increased number of breastfeeding mothers who use community services that support breastfeeding. I1.6 Increased percent improvement in number of breastfeeding mothers who use community services that support breastfeeding.
A1.4 Establish culturally-appropriate and accessible lactation support services (e.g. support groups, walk-in clinics, Baby Cafés)		
A1.5 Provide breast feeding support training to health care providers, community health workers, peer support providers, etc. that work with mothers and babies.		

Strategy 2:

Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to *prevent and control commercial tobacco use*.

Activities	Short Term Outcomes (1-3 years)	Intermediate Outcomes (3-5 years)
A2.1 Implement commercial tobacco-free policies within workplaces, restaurants, bars, casinos, schools, multi-unit housing, indoor and outdoor events, celebrations and gatherings.	S2.3 Increased number of practices and policies addressing protection from secondhand commercial tobacco smoke.	I2.1 Increased number of workplaces, restaurants, bars, casinos, schools, multi-unit housing, indoor and outdoor events, celebrations and gatherings that implement commercial tobacco-free policies. I2.2 Increased percent improvement in number of workplaces, restaurants, bars, casinos, schools, multi-unit housing, indoor and outdoor events, celebrations and gatherings that implement commercial tobacco-free policies.
A2.2 Provide referrals to evidence-based commercial tobacco cessation treatment, including counseling and FDA-approved medications.	S2.4 Increased number of referrals to evidence-based commercial tobacco cessation.	I2.3 Increased number of commercial tobacco-using patients who receive commercial tobacco cessation interventions. I2.4 Increased percent improvement in number of commercial tobacco-using patients who receive commercial tobacco cessation interventions.

Strategy 3:

**Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to
support type 2 diabetes prevention.**

Activities	Short Term Outcomes (1-3 years)	Intermediate Outcomes (3-5 years)
Expand access to the National Diabetes Prevention Program (National DPP) lifestyle change program in tribal communities by:		
A3.1 Increasing awareness of prediabetes among Tribal members and health care providers/health professionals (e.g. community wide events, educational campaigns, healthcare provider/health professionals training);	S3.1 Increased number of community members/health professionals educated about prediabetes and associated risk for type 2 diabetes, heart attack, and stroke.	I3.1 Increased number of community members at high risk for diabetes enrolled in CDC-recognized type 2 diabetes prevention programs offered in AIAN communities.
A3.2 Supporting prediabetes screening, testing, and referrals to CDC-recognized type 2 diabetes prevention programs by health care teams, community partners, and health para-professionals;	S3.2 Increased number of adult community members screened and tested for prediabetes and referred to a CDC-recognized type 2 diabetes prevention program if applicable.	
A3.3 Establishing or expanding the reach of CDC-recognized type 2 diabetes prevention programs in AIAN communities and promoting sustainability (e.g. assess exiting resources, CDC-recognized programs offered by other organizations in the AIAN community, and modes of program delivery options);	S3.3 Increased number of CDC-recognized type 2 diabetes prevention programs/classes offered in AIAN communities to prevent or delay onset of type 2 diabetes.	
A3.4 Developing culturally-relevant approaches to increase program participation and retention among AIAN members (e.g. culturally-relevant materials, innovative retention strategies, community members trained as lifestyle coaches).	S3.4 Increased number of CDC-recognized diabetes prevention programs/classes offering culturally-relevant materials and approaches to increase program participation and retention.	

Strategy 4:

**Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to
*support heart disease and stroke prevention.***

Activities	Short Term Outcomes (1-3 years)	Intermediate Outcomes (3-5 years)
A4.1 Expand engagement of community health representatives and other health paraprofessionals to become effective members of chronic disease prevention/management teams within their local health care systems to manage and refer community members with or at high risk of high blood pressure and/or high blood cholesterol to appropriate and locally available health and preventive care programs.	S4.1 Increased number of trained community health representatives who are equipped to deliver evidence-informed, locally available community health programs to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a blood pressure less than 140/90. I4.2 Increased percentage of patients with total cholesterol at goal [low-density lipoprotein (LDL) and high-density lipoproteins (LDL)].
A4.2 Implement team-based care, including non-physician team members (e.g. nurses, pharmacists, patient navigators), in managing patients with or at risk for high blood pressure and/or high blood cholesterol.	S4.2 Increased number of patients with or at risk for high blood pressure and/or high blood cholesterol receiving team-based care.	I4.3 Increased number of patients with high blood pressure and/or high blood cholesterol engaged in self-management and treatment programs.
A4.3 Develop culturally-relevant materials and approaches to link Tribal/village resources and clinical services to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.	S4.3 Increased number of culturally-relevant materials and approaches to link Tribal/village resources and clinical services to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.	I4.4 Increased percent improvement in number of patients with high blood pressure and/or high blood cholesterol engaged in self-management and treatment programs.



ACORNS 2019 – 2020 Required Trainings

All required trainings will be offered by CRIHB in-person at the ACORNS Kick-off Training or will be made available online. Additional trainings are encouraged and allowable, but not required.

Training Topic	Tier 1	Tier 2	Tier 3
Implementing Tribal Readiness Assessment	√	√	√
Social Determinants of Health	√	√	√
Clinical-Community Linkages	√	√	√
Data Collection Methods	√	√	√
ACORNS Evaluation and Reporting	√	√	√
Policy, Systems, and Environmental Changes (PSE) Strategies	√	O	√
Team-Based Care	√	√	O
PRAPARE Tool 101	√	√	O
Implementing the PRAPARE Tool	√	√	O
One additional PRAPARE Tool Webinar – topic TBD	√	O	O

√ = Required

O = Optional



ACORNS 2019-2020 Allowable Cost Examples

Staff:

- Hire staff and/or allocate time of existing employees (Program Manager, CHR/CHW's, fiscal, evaluation, etc.)

Travel:

- Staff travel costs
 - Attend other relevant trainings/conferences, including ACORNS Kick-off Training
 - Visit other sites doing similar work
- Participant travel costs
 - Reimbursement for coalition/committee members*
 - Sending community members/champions to trainings

Supplies:

- Health education and outreach supplies
- Health screening supplies
- Software updates/subscriptions
- Other program supplies (printing, office supplies, etc.)

Training/Meetings:

- Registration costs for certification, renewals, and trainings (CHW/CHR, CMA, Diabetes Lifestyle Coaching, lactation consultants, media development, etc.)
- Health screening and outreach events
- Meeting costs (planning meetings, community meetings, partner meetings, leadership meetings, committee meetings, etc.)

Other:

- Consultant costs (graphic design, media, cultural experts, subject matter experts, presenters, etc.)
- Costs to support patients/program participants
 - Transportation
 - Child care
 - Incentives for meeting health goals*
- Incentives for data collection, screenings, coalition or committee members, meeting or program attendance*

**Must be pre-approved by CRIHB staff and considered reasonable*

Tier 1 2019 – 2020 SAMPLE Work Plan
Tribal Health Program: _____



Glossary of Terms in the Work Plan Template:

Project Strategy: Strategy selected to meet the ACORNS project goal. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Project Activity: Activity that falls under selected Project Strategy and is used to meet ACORNS project outcomes. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Short-term Outcome: The intended change to see within 1-3 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Intermediate Outcome: The intended change to see within 3-5 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Objective: Specific statements describing the results to be achieved and the manner in which they will be achieved. You usually need multiple objectives to address a single project goal. Objectives align with selected project strategies and completed by the end of the project year.

Activities: Actual events or step-by-step actions that take place as part of the project in order to meet project objectives.

Timeline: The time period (month/year or project quarter) for which an activity will be completed.

Staff: The person(s) who will be in charge of leading and completing that activity.

Tier 1 2019 – 2020 SAMPLE Work Plan

Tribal Health Program: _____



Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input checked="" type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A4.1 Expand engagement of community health representatives and other health paraprofessionals to become effective members of chronic disease prevention/management teams within their local health care systems to manage and refer community members with or at high risk of high blood pressure or high blood cholesterol to appropriate and locally available health and preventive care programs.		
Short-term Outcome	S4.1 Increased number of trained community health representatives who are equipped to deliver evidence-informed, locally available community health programs to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.		
Intermediate Outcome	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a BP less than 140/90.		
Objective	Activities	Timeline	Staff
1. By September 2020, build staff and organizational capacity to implement <i>Project Strategy 4</i>	1. Identify and regularly engage a project team	By January 2020	Project Lead, Executive Director, Medical Director, IT Director, Public Health Director
	2. Complete Training Needs Survey		
	3. Complete Health Communication Capacity Survey		
	4. Project team to complete 10 staff capacity trainings		

Tier 1 2019 – 2020 SAMPLE Work Plan
Tribal Health Program: _____



	5. Conduct Tribal Readiness Assessment with project and clinic staff		
	6. Attend ACORNS Kick-off Training		
	7. <i>(Optional example) Send all CHRs to CE training on blood pressure control, detection and prevention</i>		

Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input checked="" type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A4.2 Implement team-based care, including non-physician team members (e.g., nurses, pharmacists and patient navigators) in managing patients with or at risk for high blood pressure and/or high blood cholesterol.		
Short-term Outcome	S4.2 Increased number of patients with or at risk for high blood pressure and/or high blood cholesterol receiving team-based care.		
Intermediate Outcome	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a blood pressure less than 140/90.		
Objective	Activities	Timeline	Staff
2. By September 2020, identify Social Determinants of Health of 'high-risk' patients and develop one resource to	1. Administer Tribal PRAPARE Tool to at least 10% of patients with 2 or more chronic diseases and submit results		
	2. Inventory all health education/prevention services offered at the clinic and the community at large		

Tier 1 2019 – 2020 SAMPLE Work Plan

Tribal Health Program: _____



link them to needed services	3. Meet with clinic leadership and project staff to determine how to utilize the PRAPARE tool results to best support high-risk patients		
	4. Develop and disseminate Community Resource Guide based off of findings		

Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input checked="" type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A4.3 Develop culturally-relevant materials and approaches to link Tribal resources and clinical services to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.		
Short-term Outcome	S4.3 Increased number of culturally-relevant materials and approaches to link Tribal resources and clinical services to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.		
Intermediate Outcome	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a blood pressure less than 140/90.		
Objective	Activities	Timeline	Staff
3. By September 2020, increase the number of screenings for <i>high-blood pressure</i> by 10%	1. Submit baseline screening data		
	2. Conduct 2 culturally-relevant health outreach and screening events		
	3. Submit year end screening data		

Tier 1 2019 – 2020 SAMPLE Work Plan

Tribal Health Program: _____



	4.		
	5.		
	6.		

Tier 2 2019 – 2020 SAMPLE Work Plan
Tribal Health Program: _____



Glossary of Terms in the Work Plan Template:

Project Strategy: Strategy selected to meet the ACORNS project goal. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Project Activity: Activity that falls under selected Project Strategy and is used to meet ACORNS project outcomes. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Short-term Outcome: The intended change to see within 1-3 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Intermediate Outcome: The intended change to see within 3-5 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Objective: Specific statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single project goal. Objectives align with selected project strategies and completed by the end of the project year.

Activities: Actual events or step-by-step actions that take place as part of the project in order to meet project objectives.

Timeline: The time period (month/year or project quarter) for which an activity will be completed.

Staff: The person(s) who will be in charge of leading and completing that activity.

Tier 2 2019 – 2020 SAMPLE Work Plan
Tribal Health Program: _____



Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input checked="" type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A4.1 Expand engagement of community health representatives and other health paraprofessionals to become effective members of chronic disease prevention/management teams within their local health care systems to manage and refer community members with or at high risk of high blood pressure or high blood cholesterol to appropriate and locally available health and preventive care programs.		
Short-term Outcome	S4.1 Increased number of trained community health representatives who are equipped to deliver evidence-informed, locally available community health programs to support prevention, detection, and control of high blood pressure and/or high blood cholesterol.		
Intermediate Outcome	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a blood pressure less than 140/90.		
Objective	Activities	Timeline	Staff
1. By September 2020, build staff and organizational capacity to implement <i>Project Strategy 4</i>	1. Identify and regularly engage a project team	By January 2020	Project Lead, Executive Director, Medical Director, IT Director, Public Health Director
	2. Complete Training Needs Survey		
	3. Complete Health Communication Capacity Survey		
	4. Project team to complete 8 staff capacity trainings		
	5. Conduct Tribal Readiness Assessment with project and clinic staff		

Project Period: December 16, 2019 – September 14, 2020

Tier 2 2019 – 2020 SAMPLE Work Plan
Tribal Health Program: _____



	6. Attend ACORNS Kick-off Training		
	7. <i>(Optional example) Send all CHRs to CE training on blood pressure control, detection and prevention</i>		

Project Strategy (select one):	1. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input checked="" type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A4.2 Implement team-based care, including non-physician team members (e.g., nurses, pharmacists and patient navigators) in managing patients with or at risk for high blood pressure and/or high blood cholesterol.		
Short-term Outcome	S4.2 Increased number of patients with or at risk for high blood pressure and/or high blood cholesterol receiving team-based care.		
Intermediate Outcome	I4.1 Increased percentage of patients 18-85 years of age with diagnosed hypertension who have a blood pressure less than 140/90.		
Objective	Activities	Timeline	Staff
2. By September 2020, identify Social Determinants of Health of 'high-risk' patients and develop one resource to link them to needed services	1. Administer Tribal PRAPARE Tool to at least 10% of patients with 2 or more chronic diseases and submit results		
	2. Inventory all health education/prevention services offered at the clinic and the community at large		
	3. Meet with clinic leadership and project staff to determine how to utilize the PRAPARE tool results to best support high-risk patients		

Project Period: December 16, 2019 – September 14, 2020

Tier 2 2019 – 2020 SAMPLE Work Plan

Tribal Health Program: _____



	4. Develop and disseminate Community Resource Guide based off of findings		
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Tier 3 2019 – 2020 SAMPLE Work Plan
Tribe: _____



Glossary of Terms in the Work Plan Template:

Project Strategy: Strategy selected to meet the ACORNS project goal. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Project Activity: Activity that falls under selected Project Strategy and is used to meet ACORNS project outcomes. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Short-term Outcome: The intended change to see within 1-3 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Intermediate Outcome: The intended change to see within 3-5 years of implementing the Project Activity. Selected from *ACORNS Strategies, Activities, and Outcomes* attachment.

Objective: Specific statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single program goal. Objectives align with selected project strategies and completed by the end of the project year.

Activities: Actual events or step-by-step actions that take place as part of the project in order to meet project objectives.

Timeline: The time period (month/year or project quarter) for which an activity will be completed.

Staff: The person(s) who will be in charge of leading and completing that activity.

Tier 3 2019 – 2020 SAMPLE Work Plan

Tribe: _____



Project Strategy (select one):	1. <input checked="" type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A1.2 Collaborate with partners to improve land use design to connect activity-friendly routes (e.g., sidewalks, bicycle routes, and public transit) with everyday destinations (e.g., homes, schools, work sites, and parks).		
Short-term Outcome	S1.2 Increased number of places where community design has been improved to connect places for physical activity in a safe and accessible manner.		
Intermediate Outcome	I1.3 Increased number of people using safe and accessible places for physical activity.		
Objective	Activities	Timeline	Staff
1. By September 2020, build staff and organizational capacity to implement <i>Project Strategy 1</i>	1. Identify and regularly engage a project team	January 2020	Project lead, Tribal Amin/Tribal leadership, project staff
	2. Complete Training Needs Survey		
	3. Complete Health Communication Capacity Survey		
	4. Project team to complete 6 staff capacity trainings		
	5. Conduct Tribal Readiness Assessment with project and clinic staff		
	6. Attend ACORNS Kick-off Training		

Project Period: December 16, 2019 – September 14, 2020

Tier 3 2019 – 2020 SAMPLE Work Plan

Tribe: _____



	7. (Optional example) Train staff on facilitation skills to lead partnership meetings		
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Project Strategy (select one):	1. <input checked="" type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent obesity. 2. <input type="checkbox"/> Implement evidenced-informed and culturally-adapted policy, system, and environmental changes (PSE) to prevent and control commercial tobacco use. 3. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support type 2 diabetes prevention. 4. <input type="checkbox"/> Implement evidence-informed and culturally-adapted community-clinical linkages (CCL) to support heart disease and stroke prevention.		
Project Activity	A1.2 Collaborate with partners to improve land use design to connect activity-friendly routes (e.g., sidewalks, bicycle routes, and public transit) with everyday destinations (e.g., homes, schools, work sites, and parks).		
Short-term Outcome	S1.2 Increased number of places where community design has been improved to connect places for physical activity in a safe and accessible manner.		
Intermediate Outcome	I1.3 Increased number of people using safe and accessible places for physical activity.		
Objective	Activities	Timeline (include deadlines & benchmarks)	Staff
2. (Insert at least one objective and supporting activities based on your selected Project Strategy and associated Outcomes) (Example: By September 2020, assess and identify areas to improve land use design within the community)	1. (Insert objective activities here) (Example: Train staff in Open Streets Map)		
	2. (Conduct Open Street Mapping project with youth, elders, and community to identify major community resources/locations)		
	3. (Hold a series of community input meeting to identify the main routes used to get to those places and where walking or biking trails would be helpful)		

Project Period: December 16, 2019 – September 14, 2020

Tier 3 2019 – 2020 SAMPLE Work Plan

Tribe: _____



	4. (Consult with transportation and design experts/partners to identify the best routes to implement or improve)		
	5. (Present plan back to community and leadership)		